

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033722

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8683

STATE FILE NUMBER

FILED SEP 6 1963

1. PLACE OF DEATH  
a. COUNTY

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (IF NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **St. Johns Hospital**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**5548 Emerson Avenue**

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First **Adele**

Middle

Last **Heil**

4. DATE OF DEATH

Month **Aug.**

Day **26**

Year **1963**

5. SEX  
**Female**

6. COLOR OR RACE  
**White**

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**11-13-83**

9. AGE (last birthday)  
**79**

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  
**Chief Clerk (ret.)**

10b. KIND OF BUSINESS OR INDUSTRY  
**Carr Bros. Ins.**

11. BIRTHPLACE (City and state or country)  
**St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**Oscar H. Heil**

13b. MOTHER'S MAIDEN NAME

**Mina Shaw**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.  
**64**

17. INFORMANT

**Miss Elizabeth Heil, 5548 Emerson**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Hypertensive Cardiovascular disease 7 years**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

**443X**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **5/27/63** to **8/26/63** and last saw her alive on **8/25/63**.  
Death occurred at **4 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**John W. Winter M.D.**

22b. ADDRESS **222 Northland Med. Bldg.**  
**St. Louis, Mo.**

22c. DATE SIGNED  
**8/27/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**removal**

23b. DATE  
**8-28-63**

23c. NAME OF CEMETERY OR CREMATORY  
**Laurel Hill Cemetery**

23d. LOCATION (City, town, or county)  
**St. Louis County Mo.**

24. FUNERAL DIRECTOR

ADDRESS

**Drehmann-Harral, 1905 Union Blvd.**

25. DATE RECD. BY LOCAL REG.

**AUG 27 1963**

26. REGISTRAR'S SIGNATURE

**Paul Smith M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1

2 **207**

3

4 **1**

5 **0**

6

7 **0**

8 **2**

9

10

11

12 **74-0**

13

**74**

Dr. John Winter  
Northland Med. Bldg.  
Hrs. 1:30-5 Tues.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.